

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Peter

First name

John

Middle name

Fotopoulos

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Jeanine

First name

Anne

Middle name

Fotopoulos

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-2602

xxx-xx-2905

Debtor 1 **Peter John Fotopoulos**
Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

- I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

- I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**1237 North Honey Hill Road
Addison, IL 60101**

Number, Street, City, State & ZIP Code

DuPage

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Peter John Fotopoulos**
Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.
- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13
8. **How you will pay the fee** **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
9. **Have you filed for bankruptcy within the last 8 years?** No.
 Yes.
- District _____ When _____ Case number _____
District _____ When _____ Case number _____
District _____ When _____ Case number _____
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** No
 Yes.
- Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
11. **Do you rent your residence?** No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Peter John Fotopoulos**
Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Peter John Fotopoulos
Debtor 2 Jeanine Anne Fotopoulos

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <p><input type="checkbox"/> No. Go to line 16b.</p> <p><input checked="" type="checkbox"/> Yes. Go to line 17.</p>		
	16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <p><input type="checkbox"/> No. Go to line 16c.</p> <p><input type="checkbox"/> Yes. Go to line 17.</p>		
	16c. State the type of debts you owe that are not consumer debts or business debts <hr/>		
<hr/>			
17. Are you filing under Chapter 7?	<p><input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<hr/>			
18. How many Creditors do you estimate that you owe?	<p><input type="checkbox"/> 1-49</p> <p><input checked="" type="checkbox"/> 50-99</p> <p><input type="checkbox"/> 100-199</p> <p><input type="checkbox"/> 200-999</p>	<p><input type="checkbox"/> 1,000-5,000</p> <p><input type="checkbox"/> 5,001-10,000</p> <p><input type="checkbox"/> 10,001-25,000</p>	<p><input type="checkbox"/> 25,001-50,000</p> <p><input type="checkbox"/> 50,001-100,000</p> <p><input type="checkbox"/> More than 100,000</p>
<hr/>			
19. How much do you estimate your assets to be worth?	<p><input type="checkbox"/> \$0 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input checked="" type="checkbox"/> \$100,001 - \$500,000</p> <p><input type="checkbox"/> \$500,001 - \$1 million</p>	<p><input type="checkbox"/> \$1,000,001 - \$10 million</p> <p><input type="checkbox"/> \$10,000,001 - \$50 million</p> <p><input type="checkbox"/> \$50,000,001 - \$100 million</p> <p><input type="checkbox"/> \$100,000,001 - \$500 million</p>	<p><input type="checkbox"/> \$500,000,001 - \$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001 - \$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001 - \$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p>
<hr/>			
20. How much do you estimate your liabilities to be?	<p><input type="checkbox"/> \$0 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input checked="" type="checkbox"/> \$100,001 - \$500,000</p> <p><input type="checkbox"/> \$500,001 - \$1 million</p>	<p><input type="checkbox"/> \$1,000,001 - \$10 million</p> <p><input type="checkbox"/> \$10,000,001 - \$50 million</p> <p><input type="checkbox"/> \$50,000,001 - \$100 million</p> <p><input type="checkbox"/> \$100,000,001 - \$500 million</p>	<p><input type="checkbox"/> \$500,000,001 - \$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001 - \$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001 - \$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p>

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Peter John Fotopoulos

Peter John Fotopoulos

Signature of Debtor 1

/s/ Jeanine Anne Fotopoulos

Jeanine Anne Fotopoulos

Signature of Debtor 2

Executed on May 23, 2016
 MM / DD / YYYY

Executed on May 23, 2016
 MM / DD / YYYY

Debtor 1 **Peter John Fotopoulos**
Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David R. Brown

Signature of Attorney for Debtor

Date

May 23, 2016

MM / DD / YYYY

David R. Brown

Printed name

Springer Brown, LLC

Firm name

300 S. County Farm Road

Suite I

Wheaton, IL 60187

Number, Street, City, State & ZIP Code

Contact phone

630-510-0000

Email address

www.springerbrown.com

3122323

Bar number & State

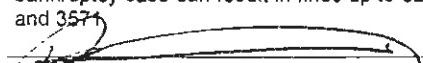
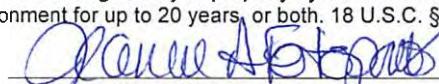
Debtor 1 Peter John Fotopoulos
 Debtor 2 Jeanine Anne Fotopoulos

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
	16c. State the type of debts you owe that are not consumer debts or business debts		
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
Peter John Fotopoulos Signature of Debtor 1	 
Executed on <u>05/12/2016</u> MM / DD / YYYY	Executed on <u>5-12-2014</u> MM / DD / YYYY

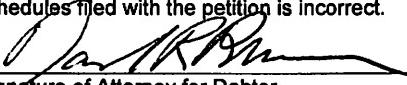
Debtor 1 Peter John Fotopoulos
Debtor 2 Jeanine Anne Fotopoulos

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.


Signature of Attorney for Debtor

Date

5/12/16
MM / DD / YYYY

David R. Brown

Printed name

Springer Brown, LLC

Firm name

300 S. County Farm Road

Suite 1

Wheaton, IL 60187

Number, Street, City, State & ZIP Code

Contact phone 630-510-0000

Email address

www.springerbrown.com

3122323

Bar number & State

Fill in this information to identify your case:

Debtor 1	Peter John Fotopoulos		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jeanine Anne Fotopoulos		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

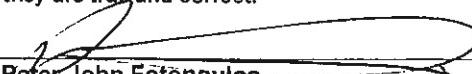
No

Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

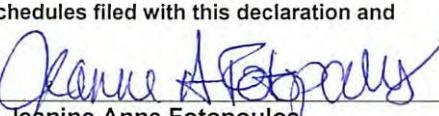
X


Peter John Fotopoulos
Signature of Debtor 1

Date

5-12-16

X


Jeanine Anne Fotopoulos
Signature of Debtor 2

Date

5-12-14

Debtor 1 **Peter John Fotopoulos**
Debtor 2 **Jeanine Anne Fotopoulos**

Case number (*if known*) _____

25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Alpha Omega Logistics, Inc.	Name of accountant or bookkeeper	Dates business existed
	Towing company (dissolved)	EIN: 20-8265968
		From-To 1/2007-6/2014

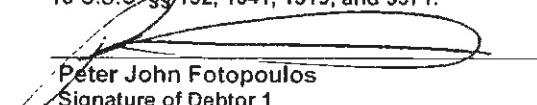
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

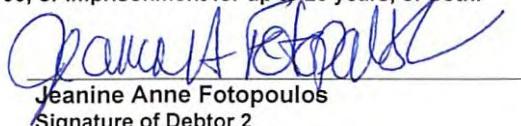
Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§152, 1341, 1519, and 3571.


Peter John Fotopoulos
Signature of Debtor 1

Date 5-12-16


Jeanine Anne Fotopoulos
Signature of Debtor 2

Date 5-12-16

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

United States Bankruptcy Court
Northern District of Illinois

In re Peter John Fotopoulos
Jeanine Anne Fotopoulos

Debtor(s)

Case No.

Chapter

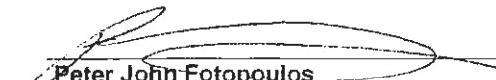
7

VERIFICATION OF CREDITOR MATRIX

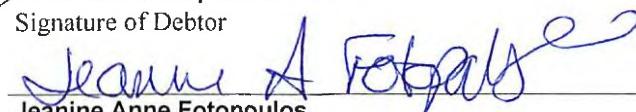
Number of Creditors: 70

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: 5-12-16


Peter John Fotopoulos
Signature of Debtor

Date: 5-12-14


Jeanine Anne Fotopoulos
Signature of Debtor

Debtor 1 Peter John Fotopoulos
Debtor 2 Jeanine Anne Fotopoulos

Case number (if known)

8. Unemployment compensation

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 0.00	\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ 0.00
For your spouse \$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00	\$ 0.00
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10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
+ \$ 0.00	\$ 0.00

Total amounts from separate pages, if any.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 3,489.00	+ \$ 1,045.00	= \$ 4,534.00
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Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>** \$ 4,534.00

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form **X 12** \$ 54,408.00

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. **IL**

Fill in the number of people in your household. **3**

Fill in the median family income for your state and size of household. **13. \$ 72,429.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

- 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3.
- 14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X
Peter John Fotopoulos
Signature of Debtor 1
Date 05/12/2016
MM / DD / YYYY

X
Jeanine Anne Fotopoulos
Signature of Debtor 2
Date 05/12/2014
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

United States Bankruptcy Court
Northern District of Illinois

In re Peter John Fotopoulos
Jeanine Anne Fotopoulos

Case No.
Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>1,800.00</u>
Prior to the filing of this statement I have received	\$ <u>1,800.00</u>
Balance Due	\$ <u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

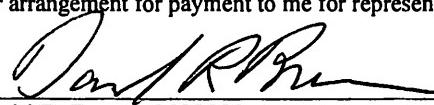
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

5-12-16

Date



David R. Brown 3122323
Signature of Attorney
Springer Brown, LLC
300 S. County Farm Road
Suite I
Wheaton, IL 60187
630-510-0000 Fax: 630-510-0004
www.springerbrown.com
Name of law firm

Fill in this information to identify your case:

Debtor 1	Peter John Fotopoulos		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jeanine Anne Fotopoulos		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 245,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 16,687.77
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 261,687.77

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D...	\$ 310,169.65
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$ 115,872.25
		Your total liabilities
		\$ 426,041.90

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	
	Copy your combined monthly income from line 12 of Schedule I.....	\$ 4,348.00
5.	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22c of Schedule J.....	\$ 4,249.00

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Peter John Fotopoulos**Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>4,534.00</u>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	Peter John Fotopoulos		
	First Name	Middle Name	Last Name
Debtor 2	Jeanine Anne Fotopoulos		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number _____			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

1237 N Honey Hill Rd

Street address, if available, or other description

Addison IL 60101-0000
City State ZIP Code

DuPage

County

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$245,000.00

Current value of the portion you own?

\$245,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenancy by the Entireties

Check if this is community property
(see instructions)

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$245,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

3.1 Make: **Ford**
 Model: **F350**
 Year: **2005**
 Approximate mileage: **66,000**

Other information:
Location: 1237 North Honey Hill Road, Addison IL 60101

Who has an interest in the property? Check one

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$10,000.00 **\$10,000.00**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$10,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

furniture, kitchenware, televisions, furnishings

\$1,050.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No
 Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- No
 Yes. Describe.....

Debtor 1 Peter John Fotopoulos
Debtor 2 Jeanine Anne Fotopoulos

Case number (if known) _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- No
 Yes. Describe.....

ordinary clothing for three

\$600.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- No
 Yes. Describe.....

wedding and engagement rings

\$500.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

- No
 Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

- No
 Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,150.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No
 Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No
 Yes.....
Institution name:

Joint checking acct. ending in 8401 at Oxford Bank

\$300.00

17.1.

Bank account ending in 8301 at Oxford Bank

\$0.00

17.2.

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- No
 Yes.....
Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- No
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

Debtor 1

Peter John Fotopoulos
Jeanine Anne Fotopoulos

Case number (if known)

Debtor 2

Owner of Alpha Omega Logistics, Inc., a now-defunct road service company.	%	\$0.00
--	---	--------

Debtor had a partial ownership interest w/ his brother-in-law in GRK Masonry, Inc. - a start up that never started up.	%	\$0.00
--	---	--------

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?**

**Current value of the
portion you own?
Do not deduct secured
claims or exemptions.**

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Debtor 1 **Peter John Fotopoulos**
Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No
 Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No
 Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

New York Life insurance policy ending in 048. Spouse is beneficiary

\$1,204.70

Met Life insurance policy ending in 120A. Beneficiary is spouse

\$3,033.07

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

- No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$4,537.77

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.
 Yes. Go to line 47.

Debtor 1

Peter John Fotopoulos
Jeanine Anne Fotopoulos

Debtor 2

Case number (if known)

Part 7:**Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here**

\$0.00

Part 8:**List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 \$245,000.00

56. Part 2: Total vehicles, line 5 \$10,000.00

57. Part 3: Total personal and household items, line 15 \$2,150.00

58. Part 4: Total financial assets, line 36 \$4,537.77

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 \$0.00

+

62. Total personal property. Add lines 56 through 61... \$16,687.77 Copy personal property total \$16,687.77

63. Total of all property on Schedule A/B. Add line 55 + line 62 \$261,687.77

Fill in this information to identify your case:

Debtor 1	Peter John Fotopoulos		
	First Name	Middle Name	Last Name
Debtor 2	Jeanine Anne Fotopoulos		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS	
Case number (if known) _____			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
1237 N Honey Hill Rd Addison, IL 60101 DuPage County Line from Schedule A/B: 1.1	\$245,000.00	<input checked="" type="checkbox"/> \$30,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-901
1237 N Honey Hill Rd Addison, IL 60101 DuPage County Line from Schedule A/B: 1.1	\$245,000.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-122
2005 Ford F350 66,000 miles Location: 1237 North Honey Hill Road, Addison IL 60101 Line from Schedule A/B: 3.1	\$10,000.00	<input checked="" type="checkbox"/> \$2,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
2005 Ford F350 66,000 miles Location: 1237 North Honey Hill Road, Addison IL 60101 Line from Schedule A/B: 3.1	\$10,000.00	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
furniture, kitchenware, televisions, furnishings Line from Schedule A/B: 6.1	\$1,050.00	<input checked="" type="checkbox"/> \$525.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

Debtor 1

Peter John Fotopoulos

Debtor 2

Jeanine Anne Fotopoulos

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
ordinary clothing for three Line from <i>Schedule A/B: 11.1</i>	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
wedding and engagement rings Line from <i>Schedule A/B: 12.1</i>	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Joint checking acct. ending in 8401 at Oxford Bank Line from <i>Schedule A/B: 17.1</i>	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
New York Life insurance policy ending in 048. Spouse is beneficiary Line from <i>Schedule A/B: 31.1</i>	\$1,204.70	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(f)
Met Life insurance policy ending in 120A. Beneficiary is spouse Line from <i>Schedule A/B: 31.2</i>	\$3,033.07	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(f)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	Peter John Fotopoulos		
	First Name	Middle Name	Last Name
Debtor 2	Jeanine Anne Fotopoulos		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 Asset Acceptance	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Creditor's Name PO 2036 Warren, MI 48090 Number, Street, City, State & Zip Code	1237 N Honey Hill Rd Addison, IL 60101 DuPage County	\$11,538.00	\$245,000.00	\$0.00

**PO 2036
Warren, MI 48090**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number **3970**

2.2 Cavalry SPV I, LLC	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Creditor's Name c/o Blitt and Gaines, PC 661 Glenn Avenue Wheeling, IL 60090 Number, Street, City, State & Zip Code	1237 N Honey Hill Rd Addison, IL 60101 DuPage County	\$22,130.27	\$245,000.00	\$20,668.27

**c/o Blitt and Gaines, PC
661 Glenn Avenue
Wheeling, IL 60090**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

Debtor 1	Peter John Fotopoulos	First Name _____	Middle Name _____	Last Name _____	Case number (if known) _____		
Debtor 2	Jeanine Anne Fotopoulos	First Name _____	Middle Name _____	Last Name _____			
2.3 CitiBank		Describe the property that secures the claim:			\$22,756.90	\$245,000.00	\$22,756.90
		1237 N Honey Hill Rd Addison, IL 60101 DuPage County					
P.O. 6500 Sioux Falls, SD 57117		As of the date you file, the claim is: Check all that apply.					
		<input type="checkbox"/> Contingent					
		<input type="checkbox"/> Unliquidated					
		<input type="checkbox"/> Disputed					
Who owes the debt? Check one.		Nature of lien. Check all that apply.					
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)					
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)					
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input checked="" type="checkbox"/> Judgment lien from a lawsuit					
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Other (including a right to offset) _____					
<input type="checkbox"/> Check if this claim relates to a community debt							
Date debt was incurred _____		Last 4 digits of account number _____					
2.4 Discover Financial		Describe the property that secures the claim:			\$15,964.48	\$245,000.00	\$15,964.48
		1237 N Honey Hill Rd Addison, IL 60101 DuPage County					
P.O. Box 6103 Carol Stream, IL 60197-6103		As of the date you file, the claim is: Check all that apply.					
		<input type="checkbox"/> Contingent					
		<input type="checkbox"/> Unliquidated					
		<input type="checkbox"/> Disputed					
Who owes the debt? Check one.		Nature of lien. Check all that apply.					
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)					
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)					
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Judgment lien from a lawsuit					
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Other (including a right to offset) _____					
<input type="checkbox"/> Check if this claim relates to a community debt							
Date debt was incurred _____		Last 4 digits of account number 5136					
2.5 Illinois Department of Revenue		Describe the property that secures the claim:			\$2,732.00	\$245,000.00	\$2,732.00
		1237 N Honey Hill Rd Addison, IL 60101 DuPage County					
Bankruptcy Section Level 7-425 100 W. Randolph Street Chicago, IL 60602		As of the date you file, the claim is: Check all that apply.					
		<input type="checkbox"/> Contingent					
		<input type="checkbox"/> Unliquidated					
		<input type="checkbox"/> Disputed					
Who owes the debt? Check one.		Nature of lien. Check all that apply.					
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)					
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)					
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Judgment lien from a lawsuit					
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Other (including a right to offset) _____					
<input type="checkbox"/> Check if this claim relates to a community debt							
Date debt was incurred _____		Last 4 digits of account number _____					

Debtor 1 Peter John Fotopoulos	First Name _____	Middle Name _____	Last Name _____	Case number (if known) _____
Debtor 2 Jeanine Anne Fotopoulos	First Name _____	Middle Name _____	Last Name _____	

2.6 Internal Revenue Service	Describe the property that secures the claim:	\$3,048.00	\$1,204.70	\$1,843.30
Creditor's Name Centralized Insolvency Operation PO Box 21125 Philadelphia, PA 19114	New York Life insurance policy ending in 048. Spouse is beneficiary			
Number, Street, City, State & Zip Code				

Who owes the debt? Check one.

Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) _____

Date debt was incurred 2009	Last 4 digits of account number _____
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2.7 Wells Fargo Mortgage	Describe the property that secures the claim:	\$232,000.00	\$245,000.00	\$0.00
Creditor's Name 1100 Corporate Center Drive MAC D0204-042 Raleigh, NC 27606	1237 N Honey Hill Rd Addison, IL 60101 DuPage County			
Number, Street, City, State & Zip Code				

Who owes the debt? Check one.

Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) **first mortgage**

Date debt was incurred _____	Last 4 digits of account number _____
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Add the dollar value of your entries in Column A on this page. Write that number here:
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

\$310,169.65	\$310,169.65
\$310,169.65	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Bank of America P.O. Box 15726 Wilmington, DE 19886-5726	On which line in Part 1 did you enter the creditor? 2.2
		Last 4 digits of account number _____

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Blatt Hasenmiller 125 S. Wacker Dr. St. 400 Chicago, IL 60606	On which line in Part 1 did you enter the creditor? 2.3
		Last 4 digits of account number _____

Debtor 1 **Peter John Fotopoulos**

First Name Middle Name

Last Name

Case number (if known) _____

Debtor 2 **Jeanine Anne Fotopoulos**

First Name Middle Name

Last Name

Name, Number, Street, City, State & Zip Code

**Blitt & Gaines
661 W. Glenn Avenue
Wheeling, IL 60090**

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number ____

Name, Number, Street, City, State & Zip Code

**Fifth Third Bank
P.O. 630778
Cincinnati, OH 45263**

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number ____

Name, Number, Street, City, State & Zip Code

**Freedman Anselmo
1807 W. Diehl Rd.
Naperville, IL 60563**

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number ____

Name, Number, Street, City, State & Zip Code

**Waltman, Weinberg & Reis Co. LPA
PO Box 5402
Cleveland, OH 44101-0402**

On which line in Part 1 did you enter the creditor? 2.4

Last 4 digits of account number ____

Fill in this information to identify your case:

Debtor 1	Peter John Fotopoulos		
	First Name	Middle Name	Last Name
Debtor 2	Jeanine Anne Fotopoulos		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Addison Fire Protection District Nonpriority Creditor's Name PO Box 457 Wheeling, IL 60090-0457 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4327 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify ambulance service

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.2	<p>Adventist Health Partners Nonpriority Creditor's Name PO Box 7001 Bolingbrook, IL 60440-7001 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify medical</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2539 \$253.91</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.3	<p>Aesthetic & Clinical Dermatology As Nonpriority Creditor's Name 908 N Elm Street Suite 309 Hinsdale, IL 60521 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify medical</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1389 \$150.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.4	<p>Alexian Bros. Medical Center Nonpriority Creditor's Name 800 Biesterfield Elk Grove Village, IL 60007 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify medical - various invoices</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6576 \$6,503.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.5	Alexian Brothers Medical Ctr Nonpriority Creditor's Name 22589 Network Place Chicago, IL 60673-1225 Number Street City State Zip Code	Last 4 digits of account number 0213	\$856.80
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify medical			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			

4.6	Alexian Brothers Medical Grp Nonpriority Creditor's Name 3040 Salt Creek Lane Arlington Heights, IL 60005-1069 Number Street City State Zip Code	Last 4 digits of account number A380	\$86.41
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify medical			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			

4.7	Alexian Brothers Medical Grp Nonpriority Creditor's Name 3040 Salt Creek Lane Arlington Heights, IL 60005 Number Street City State Zip Code	Last 4 digits of account number A380	\$992.21
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify medical			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.8

Alliance Pathology Consultants

Nonpriority Creditor's Name

**PO Box 5967
Carol Stream, IL 60197-5967**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

4521**\$581.36****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical**

4.9

Associated Pathology Consultants

Nonpriority Creditor's Name

**PO Box 3680
Peoria, IL 61612-3680**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

2816**\$1,174.80****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical**

4.1
0**Asthma & Allergy Center**

Nonpriority Creditor's Name

**303 E Army Trail Road
Suite 403
Bloomingdale, IL 60108-2155**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

2061**\$584.57****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical**

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.1 1	Capital One Nonpriority Creditor's Name P.O. Box 6492 Carol Stream, IL 60197-6492 Number Street City State Zip Code	Last 4 digits of account number 3585	\$1,822.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify credit card			
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify credit card			
Cardiovascular Associates Nonpriority Creditor's Name 900 Frontage Road Suite 325 Woodridge, IL 60517 Number Street City State Zip Code			
4.1 2	Last 4 digits of account number 8134	\$35.76	
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical			
Central DuPage Hospital Nonpriority Creditor's Name 25 North Winfield Road Winfield, IL 60190 Number Street City State Zip Code			
4.1 3	Last 4 digits of account number 0821	\$5,747.59	
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical			

Debtor 1 **Peter John Fotopoulos**
Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.1
4**Chase**

Nonpriority Creditor's Name

Cardmember Services**PO Box 15123****Wilmington, DE 19886-5123**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0275**\$17,984.36**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit card**

4.1
5**Commerce Bank**

Nonpriority Creditor's Name

P.O. Box 419248**Kansas City, MO 64141-6248**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0046**\$12,128.19**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit card**

4.1
6**Compass Healthcare Consultants**

Nonpriority Creditor's Name

PO Box 71626**Chicago, IL 60694-1626**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

7386**\$2,074.91**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical**

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.1 7	<p>Elk Grove Radiology S.C. Nonpriority Creditor's Name PO Box 4543 Carol Stream, IL 60197-4543</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>medical</u></p>	<p>Last 4 digits of account number 818A</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p>	\$128.50
4.1 8	<p>Elmhurst Clinic Nonpriority Creditor's Name 25847 Network Place Chicago, IL 60673-1258</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>medical</u></p>	<p>Last 4 digits of account number 0089</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p>	\$79.17
4.1 9	<p>Elmhurst Memorial Hospital Nonpriority Creditor's Name PO Box 4052 Carol Stream, IL 60197-4052</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>various invoices - medical</u></p>	<p>Last 4 digits of account number 6887</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p>	\$763.37

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.2 0	Elmhurst Orthopedics, SC Nonpriority Creditor's Name 300 W Butterfield Rd Elmhurst, IL 60126-5017 Number Street City State Zip Code	Last 4 digits of account number 3438	\$167.93
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify medical</p> <p><input type="checkbox"/> Yes</p>			
<p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p>Type of NONPRIORITY unsecured claim:</p>			

4.2 1	Elmhurst Radiologist, SC Nonpriority Creditor's Name PO Box 1035 Bedford Park, IL 60499-1035 Number Street City State Zip Code	Last 4 digits of account number _____	\$146.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify various medical accounts</p> <p><input type="checkbox"/> Yes</p>			
<p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p>Type of NONPRIORITY unsecured claim:</p>			

4.2 2	Evergreen Bank Group Nonpriority Creditor's Name c/o Nationwide Credit and Collectio PO Box 3219 Oakbrook, IL 60522 Number Street City State Zip Code	Last 4 digits of account number _____	\$373.76
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>			
<p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p>Type of NONPRIORITY unsecured claim:</p>			

Debtor 1 **Peter John Fotopoulos**
Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.2
3**Faith Medical & Gastroenterology**

Nonpriority Creditor's Name

**1845 W Army Trail Rd
Addison, IL 60101-1901**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

- No Other. Specify medical
 Yes

Last 4 digits of account number

7153**\$196.13**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify medical

4.2
4**Farmers Insurance**

Nonpriority Creditor's Name

**c/o American Recovery Service
555 St. Charles Dr., Suite 100
Thousand Oaks, CA 91360-3983**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

- Is the claim subject to offset?**

- No Other. Specify _____
 Yes

Last 4 digits of account number

\$585.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.2
5**Frank Bumpus**

Nonpriority Creditor's Name

\$0.00**Hoffman Estates, IL**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

- Is the claim subject to offset?**

- No Other. Specify _____
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.2 6	<p>GE Transportation Finance Nonpriority Creditor's Name PO Box 822108 Philadelphia, PA 19182-2108</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8001 \$18,000.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Guaranty of trailer loan to Alpha Omega Logistics, Inc. Trailer has been repossessed.</p>
4.2 7	<p>Home Depot Nonpriority Creditor's Name P.O. 103047 Roswell, GA 30076</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9157 \$697.33</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.2 8	<p>Law Offices of Joel Cardis LLC Nonpriority Creditor's Name 2006 Swede Rd Suite 100 Norristown, PA 19401</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$584.57</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 **Peter John Fotopoulos**Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.2
9**Loyola University Medical Center**

Nonpriority Creditor's Name

PO Box 3266**Milwaukee, WI 53201-3266**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

- No Other. Specify **medical**
 Yes

Last 4 digits of account number

multiple**\$2,527.02**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical**

4.3
0**Macy's**

Nonpriority Creditor's Name

P.O. Box 183083**Columbus, OH 43218-3083**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

- Is the claim subject to offset?**

- No Other. Specify **credit card**
 Yes

Last 4 digits of account number

4920**\$1,009.40**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit card**

4.3
1**Mark A Gapinski MD, SC**

Nonpriority Creditor's Name

PO Box 2607**Glen Ellyn, IL 60138-2607**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

- Is the claim subject to offset?**

- No Other. Specify **medical**
 Yes

Last 4 digits of account number

1512**\$110.55**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical**

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.3 2	MEA - Elk Grove, LLC Nonpriority Creditor's Name c/o HRRG PO Box 459080 Sunrise, FL 33345-9080 Number Street City State Zip Code	Last 4 digits of account number 6466 When was the debt incurred?	\$403.22
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical			
Medical Business Bureau LLC Nonpriority Creditor's Name PO Box 1219 Park Ridge, IL 60068-7219 Number Street City State Zip Code		Last 4 digits of account number 5812 When was the debt incurred?	\$1,000.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical			
Medical Business Bureau LLC Nonpriority Creditor's Name PO Box 1219 Park Ridge, IL 60068-7219 Number Street City State Zip Code		Last 4 digits of account number _____ When was the debt incurred?	\$384.91
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical			

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.3
5**Medical Recovery Specialists**

Nonpriority Creditor's Name

2250 E Devon Ave**Suite 352****Des Plaines, IL 60018-4521**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number

5397**\$814.80****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify medical

4.3
6**Mercant's Credit Guide Co.**

Nonpriority Creditor's Name

223 W. Jackson Blvd.**Chicago, IL 60606**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number

\$251.28**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify various medical

4.3
7**Midland Funding LLC**

Nonpriority Creditor's Name

8875 Aero Drive**Suite 200****San Diego, CA 92123**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
- Yes

Last 4 digits of account number

9157**\$697.33****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify formerly Citibank credit card

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.3 8 Miramed Revenue Group <small>Nonpriority Creditor's Name</small> Dept 77304 PO Box 77000 Detroit, MI 48277-0304 <small>Number Street City State Zip Code</small> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<small>Last 4 digits of account number</small> _____ \$340.26 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical _____
<hr/> 4.3 9 R-P-W OB/GYN, SC <small>Nonpriority Creditor's Name</small> 360 W. Butterfield Road Suite 250 Elmhurst, IL 60126-5098 <small>Number Street City State Zip Code</small> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<small>Last 4 digits of account number</small> 7701 \$235.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical _____	
<hr/> 4.4 0 Santander Bank, NA <small>Nonpriority Creditor's Name</small> 3 Huntington Quadrangle Suite 101N Melville, NY 11747-4616 <small>Number Street City State Zip Code</small> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<small>Last 4 digits of account number</small> 2000 \$32,581.50 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify guaranty of tow truck loan to Alpha Omega Logistics, Inc. _____	

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

4.4
1**Transworld**

Nonpriority Creditor's Name

**507 Prudential Rd.
Horsham, PA 19044**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

- No Other. Specify _____
 Yes

Last 4 digits of account number

1512**\$130.55**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.4
2**Winfield Laboratory Consultants SC**

Nonpriority Creditor's Name

**Dept 4408
Carol Stream, IL 60122-4408**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

- Is the claim subject to offset?**

- No Other. Specify **medical**

Last 4 digits of account number

4574**\$428.40**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify medical4.4
3**Winfield Pathology Consultants**

Nonpriority Creditor's Name

**Dept 4432
Carol Stream, IL 60122-4432**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

- Is the claim subject to offset?**

- No Other. Specify **medical**

Last 4 digits of account number

multiple**\$514.40**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify medical**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Peter John Fotopoulos**
Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

Name and Address
Alexian Bros Medical Center
MEA-Elk Grove LLC
PO Box 740023
Cincinnati, OH 45274-0023On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
ARS National Service
PO Box 469046
Escondido, CA 92046-9046On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
ARS National Services
PO Box 469100
Escondido, CA 92046-9100On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.30 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
CitiBank , N.A.
P. O. Box 790110
Saint Louis, MO 63179-0110On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.37 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Citicards
11500 NW Ambassador Dr
Suite 400
Kansas City, MO 64153On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Creditors Discount and Audit Co
415 E Main Street
PO Box 213
Streator, IL 61364-0213On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Daniel F. Konicek, Esq.
Konicek & Dillon, PC
21 West State Street
Geneva, IL 60134On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.25 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
HRRG
PO Box 459080
Fort Lauderdale, FL 33345-9080On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.32 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Illinois Collection Service
PO Box 1010
Tinley Park, IL 60477-9110On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Loyola University Medical Center
PO Box 3266
Milwaukee, WI 53201-3255On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Malcolm S. Gerald
332 S. Michigan
St. 600
Chicago, IL 60604On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Peter John Fotopoulos**
Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

Last 4 digits of account number _____

Name and Address
Malcolm S. Gerald
332 S. Michigan
St. 600
Chicago, IL 60604

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Malcolm S. Gerald
332 S. Michigan
St. 600
Chicago, IL 60604

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Mercant's Credit Guide Co.
223 W. Jackson Blvd.
Suite 700
Chicago, IL 60604

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Midland Credit Management
8875 Aero Drive
Suite 200
San Diego, CA 92123-2255

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

4129Name and Address
Midland Funding LLC
8875 Aero Drive
Suite 200
San Diego, CA 92123

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Miramed Revenue Group
Dept 77304
PO Box 77000
Detroit, MI 48277-0304

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Nationwide Credit and Collection
815 Commerce Drive
Suite 270
Oak Brook, IL 60523

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Scott T. Ferrill
115 55th Street
Suite 400
Clarendon Hills, IL 60514

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1			Total Claim
	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00

Debtor 1 **Peter John Fotopoulos**

Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

Total claims
from Part 2

6d. **Other.** Add all other priority unsecured claims. Write that amount here.

6d. \$ **0.00**

6e. **Total Priority.** Add lines 6a through 6d.

6e. \$ **0.00**

6f. **Student loans**

6f. \$ **0.00**

6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**

6g. \$ **0.00**

6h. **Debts to pension or profit-sharing plans, and other similar debts**

6h. \$ **0.00**

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6i. \$ **115,872.25**

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ **115,872.25**

Fill in this information to identify your case:

Debtor 1	Peter John Fotopoulos		
	First Name	Middle Name	Last Name
Debtor 2	Jeanine Anne Fotopoulos		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for
2.1	Name	Number Street	City State ZIP Code
2.2	Name	Number Street	City State ZIP Code
2.3	Name	Number Street	City State ZIP Code
2.4	Name	Number Street	City State ZIP Code
2.5	Name	Number Street	City State ZIP Code

Fill in this information to identify your case:

Debtor 1	Peter John Fotopoulos		
	First Name	Middle Name	Last Name
Debtor 2	Jeanine Anne Fotopoulos		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 Alpha Omega Logistics, Inc.
same as Debtor

- Schedule D, line _____
 Schedule E/F, line 4.40
 Schedule G _____
Santander Bank, NA

3.2 Alpha Omega Logistics, Inc.
same as Debtor

- Schedule D, line _____
 Schedule E/F, line 4.26
 Schedule G _____
GE Transportation Finance

Fill in this information to identify your case:

Debtor 1	Peter John Fotopoulos
Debtor 2 (Spouse, if filing)	Jeanine Anne Fotopoulos
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS
Case number (if known)	_____

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	construction, snow plowing, etc	customer service
Employer's name	self-employed	Walter E. Smith
Employer's address	_____	1251 W Thorndale Ave Itasca, IL 60143

How long employed there? **1.5 years** **19 years**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 3,489.00	\$ 1,045.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 3,489.00	\$ 1,045.00

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
	\$ 3,489.00	\$ 1,045.00

5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions
- 5b. Mandatory contributions for retirement plans
- 5c. Voluntary contributions for retirement plans
- 5d. Required repayments of retirement fund loans
- 5e. Insurance
- 5f. Domestic support obligations
- 5g. Union dues
- 5h. Other deductions. Specify: _____

5a.	\$ 0.00	\$ 186.00
5b.	\$ 0.00	\$ 0.00
5c.	\$ 0.00	\$ 0.00
5d.	\$ 0.00	\$ 0.00
5e.	\$ 0.00	\$ 0.00
5f.	\$ 0.00	\$ 0.00
5g.	\$ 0.00	\$ 0.00
5h.+	\$ 0.00	+ \$ 0.00

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. \$ **0.00** \$ **186.00**

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ **3,489.00** \$ **859.00**

8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ **0.00** \$ **0.00**

- 8b. Interest and dividends

8b. \$ **0.00** \$ **0.00**

- 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ **0.00** \$ **0.00**

- 8d. Unemployment compensation

8d. \$ **0.00** \$ **0.00**

- 8e. Social Security

8e. \$ **0.00** \$ **0.00**

- 8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. \$ **0.00** \$ **0.00**

- 8g. Pension or retirement income

8g. \$ **0.00** \$ **0.00**

- 8h. Other monthly income. Specify: _____

8h.+ \$ **0.00** + \$ **0.00**

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ **0.00** \$ **0.00**

10. Calculate monthly income. Add line 7 + line 9.

10. \$ **3,489.00** + \$ **859.00** = \$ **4,348.00**

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. +\$ **0.00**

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. \$ **4,348.00**

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain:

Debtor is starting a new job in May. It is a union road construction job with Judlau OHL Group. He anticipates an hourly rate of \$39.30 and 40 hours a week for a gross of \$1,572 per week.

Fill in this information to identify your case:

Debtor 1	Peter John Fotopoulos
Debtor 2	Jeanine Anne Fotopoulos
(Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS
Case number (If known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

daughter

10

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,699.00

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ 0.00
4b. \$ 0.00
4c. \$ 100.00
4d. \$ 0.00
5. \$ 0.00

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>200.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>80.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>170.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>400.00</u>	
8. Childcare and children's education costs	8. \$ <u>0.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>0.00</u>	
10. Personal care products and services	10. \$ <u>0.00</u>	
11. Medical and dental expenses	11. \$ <u>800.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>200.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>100.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>450.00</u>	
15c. Vehicle insurance	15c. \$ <u>50.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. Installment or lease payments:	17a. \$ <u>0.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	19.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: _____	21. +\$ <u>0.00</u>	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ <u>4,249.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>4,249.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>4,249.00</u>	
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>4,348.00</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>4,249.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>99.00</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Peter John Fotopoulos		
	First Name	Middle Name	Last Name
Debtor 2	Jeanine Anne Fotopoulos		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Peter John Fotopoulos

Peter John Fotopoulos

Signature of Debtor 1

Date May 23, 2016

X /s/ Jeanine Anne Fotopoulos

Jeanine Anne Fotopoulos

Signature of Debtor 2

Date May 23, 2016

Fill in this information to identify your case:

Debtor 1	Peter John Fotopoulos		
	First Name	Middle Name	Last Name
Debtor 2	Jeanine Anne Fotopoulos		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$17,592.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$4,889.00

Debtor 1 Peter John Fotopoulos
Debtor 2 Jeanine Anne Fotopoulos

Case number (if known) _____

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2015)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$10,803.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$12,704.00
For the calendar year before that: (January 1 to December 31, 2014)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$22,175.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$12,348.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
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Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- No. Go to line 7.
- Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
- Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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Debtor 1 Peter John Fotopoulos

Debtor 2 Jeanine Anne Fotopoulos

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Asset Acceptance, LLC v. Peter Fotopoulos 13 AR 02093	breach of contract	Circuit Court of DuPage	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Cavalry SPV I, LLC v. Peter J. Fotopoulos 14 AR 538	breach of contract	Circuit Court of DuPage	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Citibank v. Fotopoulos 13 AR 1337	breach of contract	Circuit Court of DuPage County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Frank J. Bumpus v. Wonnis John Partnership and Peter Fotopoulos 15 L 460	personal injury	Circuit Court of Kane County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

Debtor 1 Peter John Fotopoulos
Debtor 2 Jeanine Anne Fotopoulos

Case number (if known)

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			
Internal Revenue Service Centralized Insolvency Operation PO Box 21125 Philadelphia, PA 19114	New York Life insurance policy ending in 048. Spouse is beneficiary	4/7/11	\$1,204.70
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input checked="" type="checkbox"/> Property was attached, seized or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

Debtor 1 **Peter John Fotopoulos**
 Debtor 2 **Jeanine Anne Fotopoulos**

Case number (*if known*)**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Springer Brown, LLC 300 S. County Farm Road Suite I Wheaton, IL 60187 www.springerbrown.com	\$1,800 attorney fee \$ 335 filing fee	3/1/2016 (\$2,000) 5/6/16 (\$135)	\$2,135.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Address			
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

Debtor 1 Peter John Fotopoulos
Debtor 2 Jeanine Anne Fotopoulos

Case number (if known)

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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Debtor 1 **Peter John Fotopoulos**
Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
Alpha Omega Logistics, Inc.	Towing company (dissolved)	EIN: 20-8265968 From-To 1/2007-6/2014

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Peter John Fotopoulos
Peter John Fotopoulos
Signature of Debtor 1

/s/ Jeanine Anne Fotopoulos
Jeanine Anne Fotopoulos
Signature of Debtor 2

Date May 23, 2016

Date May 23, 2016

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Peter John Fotopoulos		
	First Name	Middle Name	Last Name
Debtor 2	Jeanine Anne Fotopoulos		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
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Creditor's **Asset Acceptance**

name:

Description of property securing debt: **1237 N Honey Hill Rd Addison, IL 60101 DuPage County**

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:
avoid lien using 11 U.S.C. § 522(f)

Creditor's **Cavalry SPV I, LLC**

name:

Description of property securing debt: **1237 N Honey Hill Rd Addison, IL 60101 DuPage County**

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:
avoid lien using 11 U.S.C. § 522(f)

Creditor's **CitiBank**

name:

Description of property securing debt: **1237 N Honey Hill Rd Addison, IL 60101 DuPage County**

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Debtor 1 **Peter John Fotopoulos**
Debtor 2 **Jeanine Anne Fotopoulos**

Case number (if known) _____

securing debt:

avoid lien using 11 U.S.C. § 522(f)

Creditor's **Discover Financial**

name:

Description of **1237 N Honey Hill Rd Addison,
IL 60101 DuPage County**
property

securing debt:

- Surrender the property. No
 Retain the property and redeem it. Yes
 Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]:
avoid lien using 11 U.S.C. § 522(f)

Creditor's **Illinois Department of Revenue**

name:

Description of **1237 N Honey Hill Rd Addison,
IL 60101 DuPage County**
property

securing debt:

- Surrender the property. No
 Retain the property and redeem it. Yes
 Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]:
continue payment plan

Creditor's **Wells Fargo Mortgage**

name:

Description of **1237 N Honey Hill Rd Addison,
IL 60101 DuPage County**
property

securing debt:

- Surrender the property. No
 Retain the property and redeem it. Yes
 Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]:
mortgage modification

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

No

Description of leased
Property:

Yes

Lessor's name:

No

Debtor 1 **Peter John Fotopoulos**
Debtor 2 **Jeanine Anne Fotopoulos**

Case number (*if known*) _____

Description of leased
Property:

Yes

Lessor's name:
Description of leased
Property:

No

Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Peter John Fotopoulos

Peter John Fotopoulos

Signature of Debtor 1

X /s/ Jeanine Anne Fotopoulos

Jeanine Anne Fotopoulos

Signature of Debtor 2

Date

May 23, 2016

Date

May 23, 2016

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	administrative fee
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	administrative fee
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Northern District of Illinois

In re **Peter John Fotopoulos**
Jeanine Anne Fotopoulos

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>1,800.00</u>
Prior to the filing of this statement I have received	\$ <u>1,800.00</u>
Balance Due	\$ <u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 23, 2016

Date

/s/ David R. Brown

David R. Brown 3122323

Signature of Attorney

Springer Brown, LLC

300 S. County Farm Road

Suite I

Wheaton, IL 60187

630-510-0000 Fax: 630-510-0004

www.springerbrown.com

Name of law firm

Springer Brown Covey Gaertner & Davis, LLC
Personal Chapter 7
Advance Retainer Agreement

Peter & Jeanine Fotopoulos the undersigned, hereinafter referred to as "Client", agrees to employ Springer Brown, LLC, hereinafter referred to as "Attorney," to render legal services in connection with filing a Chapter 7 bankruptcy for Client, and hereby empowers and authorizes Attorney to do all things, in their sole discretion, reasonably necessary to bring the matter to a successful conclusion. Client acknowledges that the following advance payment retainer agreement has been fully explained, and Client agrees to pay said fees and costs in consideration of legal services rendered or to be rendered.

Client agrees to pay Attorney a fee of \$1,800.00 for the services set forth below. In addition, Client agrees to pay all costs, including the filing fee for the bankruptcy (\$306.00).

#335.00

RETAINER

This retainer agreement is an advance payment retainer agreement. The funds Client has agreed to pay Attorney shall be deposited in the Springer, LLC. General Operating Account and ownership of said funds shall pass to Springer Brown, LLC immediately upon payment. The special purpose for this advance payment retainer is to allow Client to retain Attorney to represent him against creditors. Client understands that it is advantageous to treat this retainer as an advance payment retainer in that it protects the funds paid to Attorney from the claims of his creditors.

Alternatively, as our client, it is your option to have your money placed into a security retainer. If this retainer were treated as a security retainer said funds would remain the property of Client and therefore subject to the claims of the Client's creditors. The choice of the type of retainer to be used is yours alone.

Client agrees that should Client decide not to file bankruptcy or not to continue using Attorney's services, Attorney may charge against any retainer paid the amount of \$350.00 per hour for all services rendered to date, plus actual costs incurred.

SCOPE OF REPRESENTATION

It is understood that the above referenced flat fee is payment for services rendered and services to be performed. The services include: review of financial status; review of various documents related to debts and obligations; specific advice regarding how to avoid bankruptcy and alternatives to bankruptcy; counseling as to various types of bankruptcy chapters; available exemptions; effect of reaffirmations of debts, redemption, avoiding liens and surrendering property; complete drafting of all required bankruptcy documents; revision and redraft of final bankruptcy documents; attending creditors' meeting, responding to requests for additional information, enforcement of the Automatic Stay, and closing the file.

Client acknowledges that additional attorney's fees will be required should additional representation become necessary, including, but not limited to, any Bankruptcy Rule 2004 examinations, any adversary proceedings, objections to discharge, objections to claims of exemption, or any other action, hearing or representation that is not specified in the preceding paragraph of this agreement. Said additional representation shall be covered by a separate legal services agreement and will require an additional retainer.

CLIENT OBLIGATIONS

Client agrees to cooperate in the preparation of the bankruptcy case, to appear for the creditors' meeting, depositions and court appearances and to comply with all reasonable requests made in preparation of this bankruptcy case. Failure to cooperate may result in Court-imposed sanctions and Attorney's withdrawal from the case.

Client understands that he shall receive copies of all documents related to his file. Client should retain those documents as his copy of his file. Should Client require additional copies of the Attorney's file, Client understands that he will be charged for those copies.

Client understands that his file shall be kept no more than five years. Should Client require copies of any documents or the return of original documents provided to Attorney he must request those copies in writing before the expiration of that five-year period.

Client understands that it is the Client's responsibility to provide Attorney with a complete and accurate list of creditors and other information requested on Attorney's Debt Listing Sheet and Questionnaire. The Client further understands that any debts not listed in his bankruptcy schedules may not be discharged. If Client fails to provide Attorney with all information necessary to prepare the necessary documents and said failure necessitates the amending of the schedules or Statement of Financial Affairs, Client agrees to pay an additional \$100.00 to cover the fees and costs of said amendment.

ADDITIONAL PROVISIONS

The fees charged in connection with this bankruptcy and for bankruptcy issues only. They do not include resolution of any matters involving credit reporting or information.

It is agreed that upon the event of any default or breach of any kind under this agreement by Client, Attorney reserves the right to withdraw as counsel of record for Client. It is further agreed that Client shall not have any recourse or claim against Attorney for damages following the withdrawal of Attorney as Client's counsel. All

representation of Client by Attorney shall be terminated by the closing of Client's bankruptcy case.

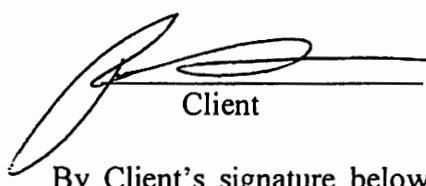
In some cases it may be necessary to hire an attorney outside Attorney's firm. This attorney will be paid out of the retainer paid to Attorney. Client expressly consents to the hiring of an outside attorney to cover court dates as needed.

This constitutes the entire agreement between the Attorney and Clients regarding attorneys' fees and/or services provided in the engagement, the parties agree to resolve that dispute through mediation, followed by arbitration before any suit is filed.

Attorney is a debt relief agency and helps people file for relief under the Bankruptcy Code.

Special Financial Management Course Notice

Client MUST provide Attorney with a copy of Client's Certificate of Completion of Financial Management Course. If Client fails to ensure that Attorney has received and filed the required Certificate of Completion of Financial Management Course, the Client shall be responsible for payment of the case reopening fee and additional Attorney's fees of \$300.00 for filing a motion to reopen the case and file said certificate. Attorney is under no obligation to file any motion to reopen Client's case until the above referenced fees and costs are paid.



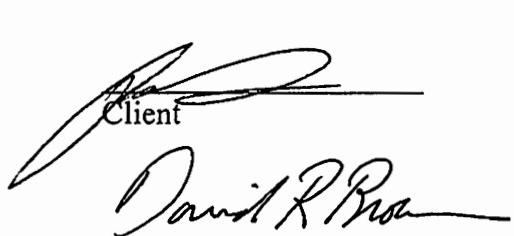
Client



Client

By Client's signature below, Client acknowledges understanding the terms of this agreement and agrees to abide by its provisions. Client has received a copy of this agreement for his records no later than five business days after the first date on which the Attorney provided any bankruptcy assistance services to client.

Dated: 6-16-2014



Client

David R Brown



Client

Springer Brown, LLC

**United States Bankruptcy Court
Northern District of Illinois**

In re **Peter John Fotopoulos
Jeanine Anne Fotopoulos**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **77**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **May 23, 2016**

/s/ Peter John Fotopoulos

Peter John Fotopoulos

Signature of Debtor

Date: **May 23, 2016**

/s/ Jeanine Anne Fotopoulos

Jeanine Anne Fotopoulos

Signature of Debtor

Addison Fire Protection District
PO Box 457
Wheeling, IL 60090-0457

Adventist Health Partners
PO Box 7001
Bolingbrook, IL 60440-7001

Aesthetic & Clinical Dermatology As
908 N Elm Street
Suite 309
Hinsdale, IL 60521

Alexian Bros Medical Center
MEA-Elk Grove LLC
PO Box 740023
Cincinnati, OH 45274-0023

Alexian Bros. Medical Center
800 Biesterfield
Elk Grove Village, IL 60007

Alexian Brothers Medical Ctr
22589 Network Place
Chicago, IL 60673-1225

Alexian Brothers Medical Grp
3040 Salt Creek Lane
Arlington Heights, IL 60005-1069

Alexian Brothers Medical Grp
3040 Salt Creek Lane
Arlington Heights, IL 60005

Alliance Pathology Consultants
PO Box 5967
Carol Stream, IL 60197-5967

Alpha Omega Logistics, Inc.
same as Debtor

Alpha Omega Logistics, Inc.
same as Debtor

ARS National Service
PO Box 469046
Escondido, CA 92046-9046

ARS National Services
PO Box 469100
Escondido, CA 92046-9100

Asset Acceptance
PO 2036
Warren, MI 48090

Associated Pathology Consultants
PO Box 3680
Peoria, IL 61612-3680

Asthma & Allergy Center
303 E Army Trail Road
Suite 403
Bloomingdale, IL 60108-2155

Bank of America
P.O. Box 15726
Wilmington, DE 19886-5726

Blatt Hasenmiller
125 S. Wacker Dr. St. 400
Chicago, IL 60606

Blitt & Gaines
661 W. Glenn Avenue
Wheeling, IL 60090

Capital One
P.O. Box 6492
Carol Stream, IL 60197-6492

Cardiovascular Associates
900 Frontage Road
Suite 325
Woodridge, IL 60517

Cavalry SPV I, LLC
c/o Blitt and Gaines, PC
661 Glenn Avenue
Wheeling, IL 60090

Central DuPage Hospital
25 North Winfield Road
Winfield, IL 60190

Chase
Cardmember Services
PO Box 15123
Wilmington, DE 19886-5123

CitiBank
P.O. 6500
Sioux Falls, SD 57117

CitiBank , N.A.
P. O. Box 790110
Saint Louis, MO 63179-0110

Citicards
11500 NW Ambassador Dr
Suite 400
Kansas City, MO 64153

Commerce Bank
P.O. Box 419248
Kansas City, MO 64141-6248

Compass Healthcare Consultants
PO Box 71626
Chicago, IL 60694-1626

Creditors Discount and Audit Co
415 E Main Street
PO Box 213
Streator, IL 61364-0213

Daniel F. Konicek, Esq.
Konicek & Dillon, PC
21 West State Street
Geneva, IL 60134

Discover Financial
P.O. Box 6103
Carol Stream, IL 60197-6103

Elk Grove Radiology S.C.
PO Box 4543
Carol Stream, IL 60197-4543

Elmhurst Clinic
25847 Network Place
Chicago, IL 60673-1258

Elmhurst Memorial Hospital
PO Box 4052
Carol Stream, IL 60197-4052

Elmhurst Orthopedics, SC
300 W Butterfield Rd
Elmhurst, IL 60126-5017

Elmhurst Radiologist, SC
PO Box 1035
Bedford Park, IL 60499-1035

Evergreen Bank Group
c/o Nationwide Credit and Collection
PO Box 3219
Oakbrook, IL 60522

Faith Medical & Gastroenterology
1845 W Army Trail Rd
Addison, IL 60101-1901

Farmers Insurance
c/o American Recovery Service
555 St. Charles Dr., Suite 100
Thousand Oaks, CA 91360-3983

Fifth Third Bank
P.O. 630778
Cincinnati, OH 45263

Frank Bumpus
Hoffman Estates, IL

Freedman Anselmo
1807 W. Diehl Rd.
Naperville, IL 60563

GE Transportation Finance
PO Box 822108
Philadelphia, PA 19182-2108

Home Depot
P.O. 103047
Roswell, GA 30076

HRRG
PO Box 459080
Fort Lauderdale, FL 33345-9080

Illinois Collection Service
PO Box 1010
Tinley Park, IL 60477-9110

Illinois Department of Revenue
Bankruptcy Section Level 7-425
100 W. Randolph Street
Chicago, IL 60602

Internal Revenue Service
Centralized Insolvency Operation
PO Box 21125
Philadelphia, PA 19114

Law Offices of Joel Cardis LLC
2006 Swede Rd
Suite 100
Norristown, PA 19401

Loyola University Medical Center
PO Box 3266
Milwaukee, WI 53201-3266

Loyola Universtiy Medical Center
PO Box 3266
Milwaukee, WI 53201-3255

Macy's
P.O. Box 183083
Columbus, OH 43218-3083

Malcolm S. Gerald
332 S. Michigan
St. 600
Chicago, IL 60604

Malcolm S. Gerald
332 S. Michigan
St. 600
Chicago, IL 60604

Malcolm S. Gerald
332 S. Michigan
St. 600
Chicago, IL 60604

Mark A Gapinski MD, SC
PO Box 2607
Glen Ellyn, IL 60138-2607

MEA - Elk Grove, LLC
c/o HRRG
PO Box 459080
Sunrise, FL 33345-9080

Medical Business Bureau LLC
PO Box 1219
Park Ridge, IL 60068-7219

Medical Business Bureau LLC
PO Box 1219
Park Ridge, IL 60068-7219

Medical Recovery Specialists
2250 E Devon Ave
Suite 352
Des Plaines, IL 60018-4521

Mercant's Credit Guide Co.
223 W. Jackson Blvd.
Chicago, IL 60606

Mercant's Credit Guide Co.
223 W. Jackson Blvd.
Suite 700
Chicago, IL 60606

Midland Credit Management
8875 Aero Drive
Suite 200
San Diego, CA 92123-2255

Midland Funding LLC
8875 Aero Drive
Suite 200
San Diego, CA 92123

Midland Funding LLC
8875 Aero Drive
Suite 200
San Diego, CA 92123

Miramed Revenue Group
Dept 77304
PO Box 77000
Detroit, MI 48277-0304

Miramed Revenue Group
Dept 77304
PO Box 77000
Detroit, MI 48277-0304

Nationwide Credit and Collection
815 Commerce Drive
Suite 270
Oak Brook, IL 60523

R-P-W OB/GYN, SC
360 W. Butterfield Road
Suite 250
Elmhurst, IL 60126-5098

Santander Bank, NA
3 Huntington Quadrangle
Suite 101N
Melville, NY 11747-4616

Scott T. Ferrill
115 55th Street
Suite 400
Clarendon Hills, IL 60514

Transworld
507 Prudential Rd.
Horsham, PA 19044

Waltman, Weinberg & Reis Co. LPA
PO Box 5402
Cleveland, OH 44101-0402

Wells Fargo Mortgage
1100 Corporate Center Drive
MAC D0204-042
Raleigh, NC 27606

Winfield Laboratory Consultants SC
Dept 4408
Carol Stream, IL 60122-4408

Winfield Pathology Consultants
Dept 4432
Carol Stream, IL 60122-4432